

Seoul Foreign School Medication Authorization Form

When a child needs to be given medication(s) at school, parents must provide written permission each school year. At the beginning of each new school year, an updated authorization form signed by the parent/guardian and the child's health care provider must be submitted.

Student's name: **Last** _____ **First** _____ **Student ID:** _____

Birth Date: _____ **Section:** ES _____ BS _____ MS _____ HS _____ **Homeroom:** _____

PHYSICIAN ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL:

Medical Condition(s): _____

Medication(s): _____

Dose: _____ **Time to be given:** _____ **Route:** _____

Possible side effects: _____

Start date: _____ **Stop date:** _____ **To be refrigerated:** Yes / No

PHYSICIAN SIGNATURE _____ **Date** _____

Clinic Name _____ **Phone Number** _____

PLEASE NOTE: ALL AUTHORIZATIONS EXPIRE AT THE END OF THE SCHOOL YEAR.

Parent/Guardian Authorization

I request that the above medication(s) be given during school hours as ordered by my child's physician. I also request the medication(s) be given on field trips, as prescribed.

I will notify the school of any change in the medication(s). (i.e., dosage change, etc.)

I give permission for the medications to be given by the school personnel as delegated, trained, and supervised by the school nurse.

I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the treatment prescribed.

I give permission to SFS to release appropriate medical information to the hospital in case of an emergency.

Parent/Guardian Signature _____ **Date** _____